

DMR Copy of Record

Permit

Permit #:

Major:

Yes

No

Permitted Feature:

Report Dates & Status

Monitoring Period:

From // - From // to To // - //

Considerations for Form Completion

Principal Executive Officer

First Name:

Last Name:

No Data Indicator (NODI)

Form NODI:

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Permittee:

Permittee Address:

Attn:

Facility:

Facility Location:

Attn:

Discharge:

-

DMR Due Date:

// - //

Status:

Title:

Telephone:

Parameter										Monitoring Season Param.				Quantity or Loading				Quality or Concentration				#	Frequency	Sample					
Code										Name	Location	#	NODI	Qualifier	Value	Qualifier	Value	Units	Qualifier	Value	Qualifier	Value	Units	of Ex.	of Analysis	Type			
background-color: rgb(241, 248, 248); background-color: #FCEFF0;																													
background-color: rgb(241, 248, 248); background-color: #FCEFF0;										X	-	--	Sample	-	-	-	-												
background-color: rgb(241, 248, 248); background-color: #FCEFF0;										Effluent Trading Sample																			
background-color: rgb(241, 248, 248); background-color: #FCEFF0;										Permit Req.																			
background-color: rgb(241, 248, 248); background-color: #FCEFF0;										Value NODI										-	-	-	-	-	-	-	-	-	-

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

Parameter										Name	Monitoring Location	Field	Type	Description	Acknowledge					
Code																				
	-	Soft	The provided sample value is outside the permit limit. Please verify that the value you have provided is correct.												Yes					
			You have selected units that are different from the units established by your Regulatory Authority. Please contact your Regulatory Authority to discuss the selection of any alternative units.																	

No errors.

Comments

Attachments

Name	Type	Size
No attachments.		

Report Last Saved By

User:

Name:

E-Mail:

Date/Time:

(Time Zone:)

Report Last Signed By

User:

Name:

E-Mail:

Date/Time:

(Time Zone:)